

**DIVISION OF STATE PATROL****Office of Ambulance Inspections**

State Patrol Headquarters

P.O. Box 7912, Rm 551

4802 Sheboygan Ave.

Madison, WI. 53707-7912

Year \_\_\_\_\_

# Ambulance Survey

Note: Phone numbers for contact person,  
please give work and home

Name of Ambulance Service Provider \_\_\_\_\_ Service Type \_\_\_\_\_ Provider # \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # : \_\_\_\_\_  
County \_\_\_\_\_ Number of Ambulances \_\_\_\_\_ Will you be adding to your fleet in the next two years  
Yes \_\_\_\_\_, No \_\_\_\_\_, # \_\_\_\_\_  
Contact Person 1. \_\_\_\_\_ Phone # : \_\_\_\_\_  
Contact Person 2. \_\_\_\_\_ Phone # : \_\_\_\_\_  
Who dispatches You? \_\_\_\_\_ Phone # : \_\_\_\_\_

**Levels of Service Codes****B= Basic, BIV= Basic with IV****I= Intermediate, IE= Intermediate Enhanced****P= Paramedic****OTH= Other****Type of Ambulance Codes**1= Motor truck with a modular unit having a rear window opening  
or a walk-through from the cab to the modular unit.

2= Van type

3= A specialty van and modular unit with a walk-through from the  
cab to the modular unit.

#	Vehicle #	Year of Veh.	Make of Veh.	Veh. VIN	Location where unit is kept	Type of Ambulance	Level of Service
exp. 1.	938	1995	Ford	1FDKE30F7SHA79823	Fire station, 2344 6th Street, Anytown, WI	3	P
1							
2							
3							
4							

[illegible]